

City Special Event Request Form

Event Information:					
Name of Event					
Name of Authorized Representative or Inc	lividual				
Name of Organization					
[] Profit [] Non Profit Insurance					
Address	City	, S	tate	Zip	
PhoneI	Email				
Date(s) of Event	Start Time_	End	Time		
Type of Event (check all that apply):					
[] Concert [] Festival [] Run/Walk	[] Sport Event	[] Fundraiser	[]Oth	er	
Anticipated number of attendees					
Location of Event (check all that apply):					
[] Downtown [] Parl	k(s)	[] First Mo	nday Gro	ounds	
[] Civic Center [] Other				-	
Event Items (check all that apply):					
[] Stage [] Trash Can(s) [] Bar	ricades	[] Restrooms	[] Electricity	
[] Trash Pick Up Other					
Event Description/Details					
Special Request					
Received on: Annroyed By:					

or Internal Use Only	
Parks	
	
Jtility	
Police Department	
ire Department	
Additional Notes	